

Cervantes Bariatrics
Patient Agreement Form

Please initial each highlighted area:

It is especially important that this packet and the medical questionnaire are read and filled out completely and correctly. This information enables Dr. Luis Cervantes to prepare for your surgery and schedule the necessary preoperative test. If additional information is required, our office will contact you. Initials ()

If you have entered inaccurate information on this document or the medical questionnaire, Dr. Luis Cervantes may cancel your surgery, and this will result in the loss of your deposit. If you have intentionally entered inaccurate or withheld information on your health questionnaire that is discovered by your surgeon while attempting to perform surgery, this may result in the loss of entire amount paid (deposit). Initials ()

Travel Tips: Your return date given is an approximate date. If possible, it's best to purchase an airline ticket without restrictions in the event the doctor would like to monitor your condition longer than usual. Initials ()

Travel Documents: All U.S. citizens must show proof of identity and proof of U.S. citizenship when entering back to the United States from Mexico. It is not checked when driving into Mexico. Only upon return. You must have a valid government issued I.D. such as driver's license or passport. IF you don't have a passport you can use a driver's license with a social security card or birth certificate. Initials ()

Arrival/Departure Information: *Your flight itinerary should be sent to your coordinator via text or email.* You will be flying into San Diego Airport. Airport Code: SAN

Should your flight arrive after 7:00pm or depart earlier than 12pm on discharge day there will be an extra charge of \$75.00 that must be paid to the driver directly.

Departing Tijuana/San Diego: Please schedule your departing flight out of San Diego after 12:00pm to assure you have enough time at the border returning to the US. There is also the possibility of a driver being sent to secondary inspection. This is a random check that the border security does and because it is random, we cannot predict this. Initials ()

Travel Itinerary:

Arrival Date: _____

Airline: _____ Arrival Time: Flight #: _____

Departure Date: _____

Airline: _____ Departure Time: Flight #: _____

Accommodations:

If you would like to stay an additional night, or book an additional room, please let us know as we have a special rate of \$100 per night available for you. **Children under the age of 16 are not permitted into the hospital rooms. Only one companion/support person is to accompany you inside guest house and hospital.** If you have a companion accompanying you and not staying with you in the hospital, that person will be responsible for the cost of their hotel accommodations (at our special rate) during your stay in the hospital. *Initials ()*

Fees stated do not include personal items or needs of the client's travel companion. We suggest you bring a small amount of cash for items for yourself or your travel companion. You may also want to bring cash for tipping of drivers and nurses/caregivers, at your discretion. We are not responsible for lost, misplaced or stolen items or cash. You agree that you are solely responsible for your own items and cash. *Initials ()*

COVID19 Hospital Protocol:

Covid test must be taken 4 days prior to your surgery day. This must be a PCR test if **not** fully vaccinated. If fully vaccinated, please take a rapid antigen test within the 4 days prior to surgery. No home tests are allowed. It must be from a clinic or pharmacy. (For example: if surgery is Friday then covid test must be taken on Monday before surgery and no earlier) This applies to companion/support person traveling with you also. You may also elect to have the test taken in our hospital lab: \$47 for rapid antigen and \$130 for PCR. Failure to comply may result in delay or cancellation of surgery. *Initials ()*

Bariatric Procedure Surgery Prices and Fees (in US dollars) for bmi below 50

Gastric Sleeve is \$4,600

Single Incision Gastric Sleeve: \$5600 (bmi 30-35)

Gastric Bypass: \$6,500

Mini Gastric Bypass: \$5,900

Revision surgeries from a prior weight loss procedure is an additional \$1000 added to the new revision procedure (example: prior lapband surgery even after removed, to sleeve)

\$500 additional for bmi 50-59

\$1000 additional for bmi 60-69

\$1500 - \$2,500 additional for bmi 70+ (potential \$1000 for post surgery critical care monitoring in ICU)

Additional Procedure Surgery Prices and Fees for WLS (in US dollars)

Cholecystectomy \$1,000 Tubal Ligation \$1,000 Lapband Removal: \$1,000

Endoscopy \$400 Hiatal Hernia Repair: \$600 Linx Removal: \$1,000

Additional charges may apply for patients that have had previous abdominal related surgery such as but not limited to: exploratory laparotomy, splenectomy, abdominal mesh. This will be decided upon the discretion of Dr. Cervantes. **Initials ()**

Deposit: A deposit of \$500 (U.S. Dollars) must be received within 7 days of scheduling your surgery date. The deposit amount cannot be financed. *Initials ()*

Due to the surgery preparations cost (hotel reservation, transportation, hospital tests and operating room reserved time) and in fairness to other patients your deposit is nonrefundable. However it can be moved to a new if 21 days notice is given prior to surgery date. *Initials ()*

All further requests for refunds will be for good cause as determined by and at the discretion of management. *Initials ()*

If surgery is cancelled due to the failure of the patient to follow pre-operative instructions given by a member of the medical staff, this may result in the loss of the full amount of the surgery. *Initials ()*

If the surgeon determines that surgery must be postponed due to a medical condition discovered during the patient's pre-operative studies, any unused portion of the deposit will be applied to a future surgery. If it is medically determined that the patient cannot safely scheduled for a future surgery date any unused amount of the deposit will be refunded to the patient. *Initials ()*

Balance of payment and Payment Methods

After the \$500 deposit has been made to secure your surgery date it will be applied to your surgery fee. Cash payment will be due for the final balance on the day of your surgery if not financed with our partnered medical loan companies (Citerra and United Medical Credit). Failure to not have payment will result in the delay of your surgery. VISA, Master Card, American Express or Discover may be used in person and are assessed an additional 8% fee for credit card payments. *Initials: Initials ()*

Patient's Full Name _____

Email: _____

Phone: _____

Height _____ Weight _____ BMI _____

Surgery Date: _____

Surgical Procedure(s): _____

Initial if Applicable:

I will have a support person accompanying me.

I have not smoked for 4 weeks.

I have discontinued all herbal remedies, Vitamins, Aspirin, Ibuprofen, Motrin, baby aspirin and any medication recommended by the doctor for 7 days

I certify my weight to be true and accurate to the best of my knowledge.

I have scheduled my flight itineraries according to the shuttle times as described in this form.

I have read and understand the following:

I am aware that all surgeries carry potential risks and complications, including but not limited to unsuccessful results, injury or even death. I am not relying on any statement or promises made or implied by Dr. Luis Humberto Cervantes Orozco and its employees and agents. I understand that the coordinators are not medical doctors or medical personnel. My decision to have this procedure performed is based on my own research and advice received from my physician. I also understand and agree that I will discuss my procedure with my surgeon prior to the surgery. It is always my choice to proceed with the surgery, and I may cancel it at anytime. No guarantees have been made to me that this procedure will improve my condition or result in weight loss. **Initials ()**

I agree to indemnify, hold harmless and release Dr. Luis Humberto Cervantes Orozco, and its owners, officers, employees, and agents from any and all liability, claims, losses, and damages relating to my surgery and/or my travel to and from Mexico. I understand and agree that by signing this document the exclusive legal venue for any disputes, claims, relating to or regarding my surgery, medical liability, and doctor's fee will be the Mexican Judicial System and I expressly consent to jurisdiction in Mexico and waive all rights to file any claim or legal action in the United States. **Initials ()**

Please review this document carefully, and sign that you have read the above information regarding your procedure and email this form signed and completed to your coordinator.

Having read this form in its entirety, my signature below acknowledges that I agree with and understand all of the statements and materials contained and set forth within this document. I am aware of the many risks of surgery, especially weight loss surgery, and fully understand them and accept these risks.

Patient's Signature _____ Date _____

Patient's name (Please print) _____